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Right or Duty: A Kantian Argument for Universal Healthcare

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ABSTRACT

Much of the political rhetoric about healthcare in the United States is couched in terms of healthcare as a right or entitlement. Healthcare as a right, like all welfare rights, carries with it the obligation to pay for it. This paper proposes that healthcare be considered, not a right, but rather a duty within the framework of a Kantian approach to ethics. The categorical imperatives of rational beings include the duties of self-preservation and self-development. As a precondition for these duties, health is essentially bound up with the nature and duties of physical, rational beings. The complexity of healthcare ensures that virtually all persons will need the services of others, and the expense of healthcare can exceed the resources even of those who are insured. Therefore, a just society has a moral duty to ensure access to healthcare to all of its members.

Key Words: Health care, Kantian, Rational Being, Categorical Imperatives

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The question of universal healthcare brings with it the question of whether all people, simply by virtue of being human, have a right to healthcare. Human rights are widely understood as either *welfare rights* or *liberty rights*. Welfare rights are positive rights that require some action or expense on the part of someone to provide access to the right. Liberty rights, by contrast, are rights that require nothing more of society or government than that it not interfere with the exercise of the right, as, for example, the right to free speech.

The right to healthcare, if it exists, is clearly a welfare right, because simply guaranteeing by law that no one can interfere with one's right to healthcare does nothing to actually provide healthcare. A right to healthcare when one has no access to healthcare is essentially a meaningless right. Conservatives who oppose "big government" are understandably cautious about the granting of welfare rights, because they always involve the question of who will pay for them. I will argue in this paper that the work of the Enlightenment philosopher Immanuel Kant offers a rationale for universal healthcare not based on rights, but rather on the moral obligation, or duty, of a society to arrange itself so that everyone has access to a reasonable level of healthcare.

Kant's classic work on ethics, *Groundwork for the Metaphysics of Morals*, attempts to define the ethical duties of rational beings. In Kant's philosophy, morality is derived, not from religion or tradition, but from pure rationality; and therefore, for Kant, moral agents are rational beings. Among the duties of such beings, Kant distinguished between those that bind hypothetically, and those that bind categorically. Hypothetical duties are those that are required not for their own sake, but for the sake of something else. Categorical duties, on the other hand, are those things that must be done, not in order to achieve or obtain something else, but for their own sake. They are things that are done, as we would say today, because they are "the right thing to do." True moral duties are those that derive from categorical imperatives.

Kant stated the categorical imperative in more than one way. The two most well-known formulations are these:

1. Act only according to that maxim whereby you can at the same time will that it should become a universal law.
2. Act in such a way that you treat humanity, whether in your own person or in the person of any other, never merely as a means to an end, but always at the same time as an end.

Among the duties that are required categorically of a rational being, Kant argued, is a duty to oneself, both to preserve one's life and to develop one's abilities and talents. Kant stated the first of these duties, the duty to preserve one's life, in relation to the question of suicide. He asked whether a rational being, so overcome by the misfortunes of life, had a duty to continue living, or whether he might take his own life. His answer was that an action done out of self-love that involved the destruction of the self, would be contradictory, and therefore, could not

possibly exist as a universal law.¹ He further argued that, if one “destroys himself in order to flee from a burdensome condition, then he makes use of his person merely as a *means*, for the preservation of a bearable condition up to the end of life.”² Both formulations of the categorical imperative, therefore, require the preservation of one’s life.

Kant further argued that the duty to oneself requires, not only the preservation of one’s life, but also the utilization and development of one’s talents and capacities. A rational being, Kant states, “necessarily wills that all the faculties in him should be developed because they are serviceable and given to him for all kinds of possible aims.”³ While one might choose to neglect one’s talents, one could not possibly will that such neglect could become a universal law of nature, because such neglect would at the same time be in conflict with humanity’s natural “dispositions to great perfection,”⁴ and would fail to further the “ends of nature” regarding the perfection of one’s talents.

Rational beings, therefore, are morally obligated to (1) preserve themselves, and (2) develop their abilities and talents as far as they are able. Health is the necessary precondition for the fulfillment of both of these duties; therefore, a rational being is obligated to preserve, protect, and care for his or her own health.

At this point, it might be objected that healthcare is a hypothetical imperative, since it serves as a means to something else i. e., the preservation of one’s life, and the development of one’s talents. However, in our world, rational beings are also physical beings, and our physical bodies may be considered as integral to our being. The health of the body is so bound up with the nature and duties of rational beings, that one might say that to preserve one’s health is also to preserve and develop one’s being.

While Kant’s philosophy deals with the duties of autonomous rational beings, he did not overlook the question of how such beings should live together in society. In thinking of a larger community, Kant introduced the idea of a realm of ends. A realm of ends is a “systematic combination of rational beings through communal objective laws.”⁵ Rational beings contain each of the other’s ends within themselves—that is, each being wills for the other what it would also will for itself, because an ethical will is universally legislative in nature.

The “communal objective laws” in the realm of ends have as their aim the reference of these beings to one another as ends and means. Laws are designed to promote the ends of each member of the community, and to never use them as a means to an end. Since rational beings are categorically required to will for others what they would will for themselves, they must necessarily will the preservation of the lives and the development of the natural faculties of others. Since health is a precondition for doing these duties, rational beings in community must necessarily will, and provide for, the health of others, as well as of themselves.

Kant distinguished in the realm of ends between those things which have dignity, and those which have value, or price. “What has a price is such that something else can also be put in its place as its *equivalent*; by contrast, that which is elevated above all price, and admits of no equivalent, has a dignity.”⁶ Things that have value are things that can be replaced by other things—material objects, goods, services, etc. But rational beings have dignity, not value.

¹ Immanuel Kant, *Groundwork for the Metaphysics of Morals*, (New Haven and London: Yale University Press, 2002), p. 38

² Ibid, p. 47

³ Ibid, pp. 38-9

⁴ Ibid, p. 48

⁵ Ibid, p. 51

⁶ Ibid, p. 52

Given the unity of health and being, it can be argued that health, and its preservation, falls into the category of those things that have dignity rather than value, and are beyond all price.

Since health has dignity, rather than value, it cannot be treated as a market good. It has no equivalent. One might choose to buy an I-Phone, rather than a television set, or one might choose to buy neither. But one has no choice but to fix a broken arm, or to undergo treatment for a life-threatening disease. One cannot choose to buy a new car instead.

It might be argued that healthcare is the responsibility of each person, not the responsibility of the society. It is certainly true that each individual has an obligation to maintain his or her health. However, in spite of one's best efforts to maintain one's health, everyone can be subject to illness or injury requiring a level of care which he or she cannot provide for him or herself, because they lack the knowledge and skill, and, if they are sick, they lack the ability. They will necessarily require the services of some other person who has knowledge, skill, and sufficient health to provide for another. Therefore, they must have access to the knowledge, skills, and ability of another, which requires that someone be available, and that someone pay for it.

It might be argued at this point that everyone should be responsible to pay for their own healthcare, just as they would pay for any market good. However, as noted above, healthcare is not a market good like others, subject to the normal laws of supply and demand. Further, healthcare has become so complex and expensive that many people, and not just the poor, can be excluded. Many lack health insurance, and some are underinsured. Almost anyone could be vulnerable to a healthcare crisis that could drain all their resources. In this sense, we are all behind what John Rawls called the "veil of ignorance,"⁷ in that no one can know when or if they will be confronted by a healthcare crisis that exceeds their ability to pay. Here one thinks of Kant's example of a person who, endowed with prosperity, chooses not to contribute toward the needs of others less fortunate. While a society might subsist under such a principle, one could not possibly will that it could be a universal law, "for the case could sometime arise in which he needs the love and sympathetic participation of others, and where, through such a natural law arising from his own will, he would rob himself of all the hope of assistance that he wishes for himself."⁸

If healthcare is understood as an obligation so closely tied to the duties to preserve one's life and develop one's ability that it is in fact itself a categorical duty, and if in the realm of ends, every being necessarily wills that which is universally legislative, i. e., that which every other being would will for itself, then it follows that, members of a just society will seek to ensure that everyone has access to a sufficient level of healthcare to preserve their life and fulfill their greatest potential.

The object of this paper has been to establish the moral obligation of a society to provide access to healthcare for all its members. Healthcare is not a right or an entitlement, but a moral duty that touches all members of society. It might be accomplished through a universal single payer system like Medicare, or it might be accomplished through some combination of government programs and market based approaches. By however means, Kant's approach to ethics can be said to require that a just society develop a system of universal healthcare that is accessible to all of its members.

⁷ John Rawls, *A Theory of Justice*, Revised Edition, (Cambridge, MA: Harvard University Press: 1999), pp 118-23

⁸ Kant, p. 40

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